

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826413

Entity Name
B.F. SAUL COMPANY

Principal Place of Business: CONNECTICUT AVENUE, CHASE MARYLAND 20815
Mailing Address: 8401 CONNECTICUT AVENUE, CHEVY CHASE MARYLAND 20815-5803

Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

FILED
00 MAY 30 PM 4: 22
SECRETARY OF STATE
TALLAHASSEE FLORIDA
DO NOT WRITE IN THIS SPACE
5/16/00 90131018 \$150.00
4. FEI Number: 53-0140155
Applied For: Not Applicable

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD SAUL, FRANCIS B II 8401 CONNECTICUT AVE CHEVY CHASE MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WHITMORE, JOHN R. 8401 CONNECTICUT AVE CHEVY CHASE MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VT ALBRIGHT, WILLIAM K 8401 CONNECTICUT AVE CHEVY CHASE MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AVS CLARK, PATRICIA E. 8401 CONNECTICUT AVE CHEVY CHASE MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ROGERS, GEORGE M JR 8401 CONNECTICUT AVE CHEVY CHASE MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: WILLIAM K ALBRIGHT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/27/00 Daytime Phone #: 301-986-6103

CR2E034 (9/99)

KE